



System-of-Care Evaluation Brief

Youth with Reported Histories of Sexual Abuse

Recent statistics indicate a child sexual abuse prevalence rate of 1.3/1000 for children 18 years and younger (National Clearinghouse on Child Abuse and Neglect Information, 1999) and higher rates of mental health referral and service utilization for sexually abused youth (Frothingham, Hobbs, Wynne, Yee, Goyal, & Wadsworth, 2000). The national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program provides a unique opportunity to investigate the psychosocial profiles of youth with reported histories of sexual abuse, as compared to those without such histories, among youth with serious emotional disturbance referred into system-of-care services.

The first phase (1993-1994) of the Comprehensive Community Mental Health Services for Children and Their Families Program funded 28 communities in 22 sites across the country to develop local systems of care for children with serious emotional disturbance and their families. These are family-driven, culturally competent, community-based systems of care coordinated across agencies to provide children and their families with accessible, least restrictive, and individualized services.

The Sample

A subset of youth ($N = 3,479$) was drawn from the national evaluation sample. This subset included youth with complete demographic information as well as data on primary diagnosis, reported history of sexual abuse, challenging individual life experiences (e.g., psychiatric hospitalization, running away, reported history of drug/alcohol abuse), Child and Adolescent Functional Assessment Scale (CAFAS) scores (Hodges, 1994), Child Behavior Checklist (CBCL) scores (Achenbach, 1991a), and Youth Self-Report (YSR) scores (Achenbach, 1991b) for youth aged 11 and over.

Approximately 66% of the youth in the study sample were male. Sixty-four percent were Caucasian, 17% African-American, 10% Hispanic, and 8% were from other ethnic minority groups. The average age at the time of referral was 11.6 years and the most common diagnoses upon entry into services were conduct disorders (33.3%), attention/hyperactivity disorders (24.6%), depression (18.7%), anxiety (8.4%), and adjustment disorders (5.9%).

System-of-Care Evaluation Briefs report findings from the National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program funded by the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration. The Program provides six-year grants and to states, political subdivisions of states, American Indian Tribes, tribal organizations, and territories to support the development of community-based systems of care for children with serious emotional disturbance and their families. Systems of care are developed using an approach that emphasizes integration of services through collaborative arrangements between child-serving sectors such as education, child welfare, juvenile justice, and mental health; youth and family caregiver participation; and cultural and linguistic competence of services. The Briefs are published monthly and are sponsored by the Child, Adolescent and Family Branch of the federal Center for Mental Health Services.



**National Evaluation
Comprehensive Community Mental Health
Services for Children and Their Families Program**

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Twenty-two percent ($n = 759$) of the youth in the study sample reported a history of sexual abuse. Youth with reported histories of sexual abuse were significantly more likely to be females and of Caucasian origin. Youth with reported histories of sexual abuse were significantly less likely to have a diagnosis of conduct disorder or ADHD, and more likely to have a diagnosis of depression or anxiety. In addition, they were significantly more likely to report lifetime challenges such as history of psychiatric hospitalization, physical abuse, runaway attempts, suicide attempts, drug and alcohol use, and sexual abusiveness (see Table 1).

Youth with reported histories of sexual abuse were more likely to be rated by clinicians as moderately/severely impaired on the CAFAS in the areas of home and community role performance, behavior toward others, moods and emotions, self-harmful behavior, and thinking, and less likely to be rated as moderately/severely impaired on the school role performance domain (see Figure 1). In addition, caregivers were significantly more likely to rate the behavior of the youth with reported sexual abuse histories, as compared to those without, in the clinical range on each of the CBCL syndrome scales (i.e., withdrawn, somatic, anxious/depressed, social problems, thought problems, attention problems, delinquency, and aggression problems) (see Figure 2). Finally youth with reported histories of sexual abuse were significantly more likely to rate themselves in the clinical range on the anxious/depressed (history of abuse, 9.7%; no history of abuse, 5.5%) and the aggression problems (history of abuse, 14.2%; no history of abuse, 9.0%) YSR syndrome scales.

Conclusions

In addition to demographic and diagnostic differences in the profile of youth with reported histories of sexual abuse, these findings suggest that from the clinician (CAFAS), caregiver (CBCL), and youth (YSR) rating perspectives, these youth are more likely to have behavioral and functional challenges at the time of referral into services when compared to youth without histories of sexual abuse. A critical finding from this study involves the unique contributions of the caregiver, youth, and clinician in the compilation of a comprehensive psychosocial profile for youth with reported histories of sexual abuse at intake into services.

Table 1
Demographic & Psychosocial Characteristics of Children by Reported Sexual Abuse History

	No Reported History of Sexual Abuse ($n = 2,720$)	Reported History of Sexual Abuse ($n = 759$)
Gender/Age^a		
Males 11 years and older	41.5%	24.2%
Females 11 years and older ^d	19.7%	40.4%
Male under 11 years	29.7%	21.1%
Females under 11 years ^d	9.0%	14.2%
Race/Ethnicity^b		
African-American	19.0%	9.4%
Caucasian ^d	61.4%	73.6%
Hispanic ^c	10.7%	7.9%
Other ^d	8.9%	9.1%
Primary Diagnosis		
Conduct-related ^d	35.0%	27.0%
Depression ^d	17.5%	22.9%
ADHD ^c	26.7%	17.4%
Anxiety ^d	5.8%	17.7%
Adjustment	5.8%	6.2%
Substance Use	1.9%	0.4%
Other	7.4%	8.4%
Life Challenges		
History of Psych Hospitalization ^d	21.0%	36.0%
History of Physically Abused ^d	20.3%	61.0%
Previous Runaway Attempts ^d	19.0%	34.4%
History of Suicide Attempts ^d	12.0%	24.9%
History of Drug/Alcohol Use ^d	17.1%	26.9%
History of Sexual Abusiveness ^d	2.8%	19.0%

Note: Bivariate Odds Ratios were used to compare youth with and without reported histories of sexual abuse.

^aMales 11 years and older served as the reference category. ^bAfrican-American youth served as the reference category. ^c $p < 0.01$. ^d $p < 0.001$.

Child sexual abuse is one of the more delicate issues faced by community-based service providers. Willingness to disclose such an occurrence is a real point of concern for individualized service planning and delivery. The results of the current analysis suggest that, collectively, the multiple perspectives on the behavioral and functional challenges of youth with reported histories of sexual abuse may contribute to a comprehensive clinical and psychosocial profile of these youth.

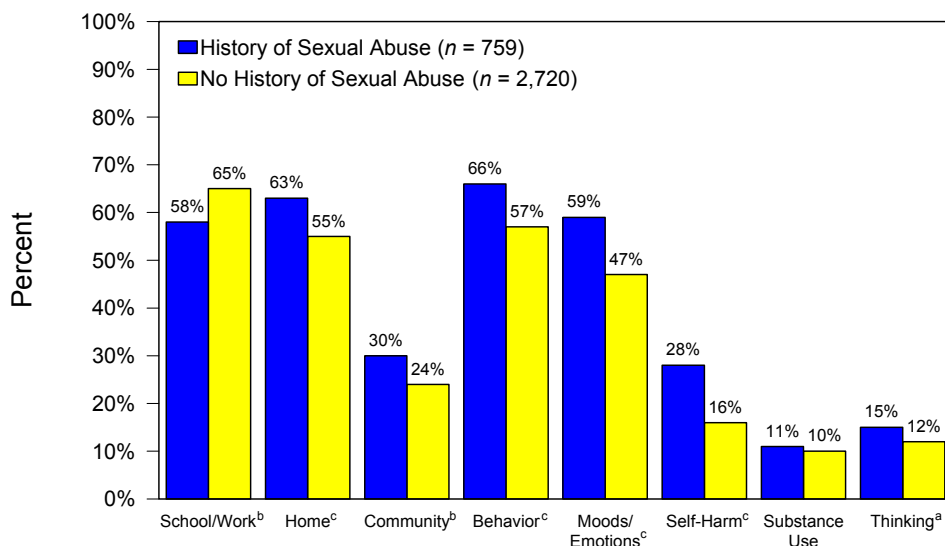
Service providers should be aware of the behavioral and functional challenges faced by youth with reported histories of sexual abuse, regardless of whether these challenges are reported from the perspective of clinicians, caregivers, or the youth themselves. In addition, they should recognize and plan for how the magnitude of these challenges differs from those of youth without such reported histories. In a system-of-care service environment governed by comprehensive and individualized service planning, it is essential that the needs and challenges of these youth are fully explored and understood.

References:

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- National Clearinghouse on Child Abuse and Neglect Information, Department of Health and Human Services. (1999). Reports from the States to the National Child Abuse and Neglect Data System. Retrieved July 8, 2001 from <http://www.acf.dhhs.gov/programs/cb/publications/cm99/index.htm>

Figure 1

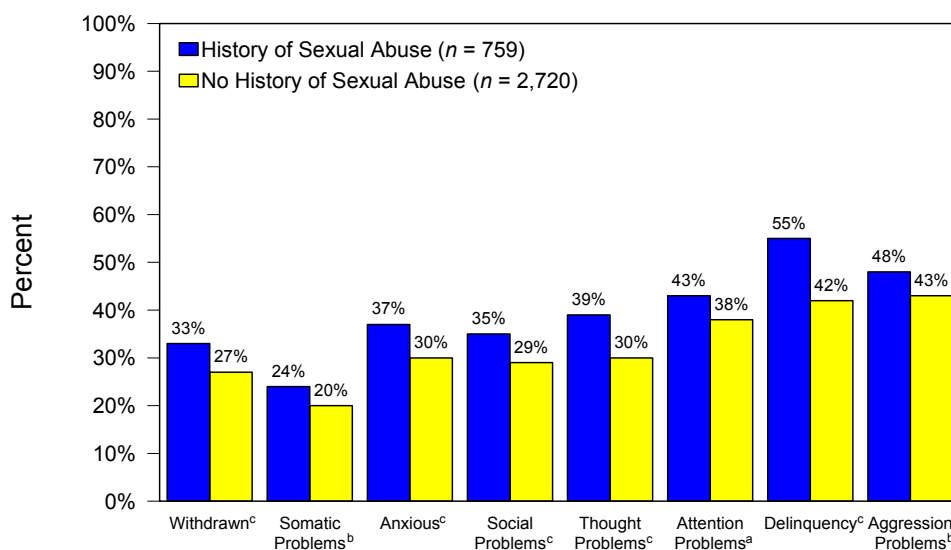
Percentage of Youth with a Moderate or Severe CAFAS Rating



Note: Bivariate Odds Ratios were used to compare youth with and without reported histories of sexual abuse. ^a $p < 0.05$. ^b $p < 0.01$. ^c $p < 0.001$.

Figure 2

Percentage of Youth in the Clinical Range on the CBCL



Note: Bivariate Odds Ratios were used to compare youth with and without reported histories of sexual abuse. ^a $p < 0.05$. ^b $p < 0.01$. ^c $p < 0.001$.

Youth with reported histories of sexual abuse are more likely to have behavioral and functional challenges at the time of referral into services when compared to youth without histories of sexual abuse.

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